

# West Woods Elementary PTSA Check Request

Today's Date: \_\_\_\_\_ Date Check is Needed: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Date	Committee/Budget Category	Item or Expense Description	Amount
<b>*Please attach a receipt or invoice*</b>			Total \$

*To save on postage expenses, we would like to leave this check in your PTSA mailbox or send this check home with your child. Please provide the following information and we'll let you know when the reimbursement check is delivered.*

Deliver via PTSA mailbox     
  Deliver via child     
  Deliver via USPS mail

Child's Name: \_\_\_\_\_ Teacher & Grade: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Your email address: \_\_\_\_\_

*If check is being mailed to you or to a vendor, please complete:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Approvals:

\_\_\_\_\_  
Committee Chairperson

\_\_\_\_\_  
Vice President

If needed: (Please see Treasurer Procedures)

\_\_\_\_\_  
President

For Treasurer Use Only:

Payment Made	Verify	Check #/Initial
Date:	Budget OK	
Delivery:	Receipts OK	